

State of Alabama Unified Judicial System Form C-10 Page 1 of 2	AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER	Case Number <u>1:07-CV940WKW</u>
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IN THE 2007 OCT 11 A 10:03 COURT OF ALABAMA
 (Circuit, District, or Municipal) (Name of County or Municipality)
 STYLE OF CASE: Angela Denise Nails Plaintiff(s) John Spann, Mary Murphy, Robert Smith Defendant(s)
 TYPE OF PROCEEDING: U.S. DISTRICT COURT MIDDLE DISTRICT (If applicable):

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--**I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I. AFFIDAVIT

1. IDENTIFICATION
 Full Name Angela Denise Nails Date of Birth Jan 8, 1961
 Spouse's Full Name (if married) _____
 Complete Home Address 116 East Street #46 Carrollton, Alabama 35447
 Number of People Living in Household 3
 Home Telephone No. 205 367-1123
 Occupation/Job None Length of Employment None
 Driver's License Number _____ * Social Security Number _____
 Employer None Employer's Telephone No. None
 Employer's Address None

2. ASSISTANCE BENEFITS
 Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT
 Monthly Gross Income:
 Monthly Gross Income \$ 852.00
 Spouse's Monthly Gross Income (unless a marital offense) _____
 Other Earnings: Commissions, Bonuses, Interest Income, etc. _____
 Contributions from Other People Living in Household _____
 Unemployment/Workmen's Compensation, Social Security, Retirement, etc. _____
 Other Income (be specific) Pell Grant 4 monts \$75.00 Each month 75.00
TOTAL MONTHLY GROSS INCOME \$ 927.00

Monthly Expenses:

A. Living Expenses

Rent/Mortgage	\$ _____
Total Utilities: Gas, Electricity, Water, etc.	\$ <u>250.00</u>
Food	<u>25.00</u>
Clothing	<u>50.00</u>
Health Care/Medical	<u>78.57</u>
Insurance	<u>2.00</u>
Car Payment(s)/Transportation Expenses	<u>0</u>
Loan Payment(s)	

* OPTIONAL

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Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s)	0	
Educational/Employment Expenses	0	
Other Expenses (be specific) <i>Auto Warranty \$98.86</i>	\$176.00	
<i>Postage \$16.00</i>		
<i>telephone bill \$40.00 Cable \$22.00</i>		
Sub-Total		A \$1,130.86

B. Child Support Payment(s)/Alimony	\$ 0	
Sub-Total		B \$ 0

C. Exceptional Expenses	\$ 0	
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TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only) **\$ 1,130.86**

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME **\$ 203.86**

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)	\$ 84.00	
Equity in Real Estate (value of property less what you owe)	0	
Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe)	0	
Other (be specific) Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(land, house boat, TV, stereo, jewelry)		
If so, describe <i>32" Sanyo Color Television</i>		

TOTAL LIQUID ASSETS **\$ 84.00**

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this 15 day of Oct, 2007.

Emma Lark
 Judge/Clerk/Notary

Angela Denise Nails
 Affiant's Signature
Angela Denise Nails
 Print or Type Name

SECTION II. ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

☐ Affiant is not indigent and request is DENIED.

☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____

☐ Affiant is indigent and request is GRANTED.

☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 ____.

 Judge